American Optometric Association
NEWS

Get the latest at www.aoanews.org

Volume 46 August 2007 No. 2

Leonard Press, O.D., left, and Bill Nye the Science Guy wave to reporters after one of more than 31 interviews conducted via phone and satellite Aug. 2.

AOA, VSP campaign to prevent Computer Vision Syndrome as school begins

Bill Nye the Science Guy and Leonard Press, O.D., appeared live on 12 TV stations and five radio stations, as part of a satellite media tour covering 31 interviews, Aug. 2. The "tour" included four national outlets.

They used the opportunity to discuss the importance of eye examinations before school begins and to urge parents to visit *mychildsvision.com*.

The site, jointly hosted by the AOA and Vision Service Plan (VSP), includes tools such as information on

See Campaign, page 14

At a glance:

Patients now appear a bit more likely to purchase contact lenses from their eye care providers than in the recent past.

Researchers urge increased funding for children's vision studies

A series of federally funded studies is producing breakthroughs in the diagnosis and treatment of children's vision problems, researchers reported during a recent congressional briefing.

However, those studies could now be threatened unless adequate funding is maintained, the researchers warned. That assessment came during the Alliance for Eye and Vision Research's (AEVR) Children's Vision Research briefing, June 28 on Capitol Hill.

The AOA is a member of the alliance and a leading proponent of federal eye research funding. AEVR Executive Director James Jorkasky noted that a doubling of the National Institutes of Health (NIH) budget, over federal fiscal years 1998 through 2003, enabled the National Eye Institute (NEI) to significantly expand children's vision research.

However, "with flat-to-negative funding since the doubling ended, the renewal of these studies could be jeopardized," said Jorkasky.

The NEI children's vision research projects are large-population studies designed to characterize the prevalence of various conditions and determine the best treatments. As such, they provide for "a rapid translation of basic research into clinical practice, thereby maximizing patient benefit," Jorkasky noted.

Lynn Cyert, O.D., told lawmakers that the NEI's multi-center Vision in Preschoolers (VIP) Study is providing valuable insight on the accuracy of vision screening tests. Dr. Cyert is a principal investigator for the study.

The NEI's Pediatric Eye Disease Investigator Group (PEDIG) has reported on recent breakthroughs resulting from the collaborative network's research on strabismus, amblyopia and other eye disorders that affect children. The group has also recently released NEI research on treatment of retinopathy of prematurity.

Dr. Cyert emphasized that much of the ongoing federally funded research offers potential to improve care for the children of minority populations. She is chief of pediatric and infant vision services at Northeastern State University College of Optometry in Tahlequah, OK, and works with the Cherokee Nation Head Start.

Lynn Cyert, O.D., with Rep. Gene Green (D-TX), co-chair of the Congressional Vision Caucus.

The NEI is also funding the Multi-Ethnic Pediatric Eye Disease Study (MEPEDS) and Baltimore Pediatric Eye Disease Study (BPEDS), which also centers in multi-ethnic populations.

In testimony before a congressional committee in March, the AOA called for a 6.7 percent increase in federal eye and vision research funding, recommending a fiscal year 2008 budget of $31 billion for the NIH and $711 million for the NEI.

The AOA has made NEI funding increases a legislative priority for this year.

It takes time fitting just the right lens to each patient.

Now for the easy part.

OPTI-FREE® RepleniSH® is the only multi-purpose solution that demonstrates biocompatibility (minimal corneal staining) across all soft lens types, including silicone hydrogel.[1,2] Plus our proprietary TearGlyde™ Reconditioning System enhances comfort and keeps lenses moist for 14 hours – up to 6 hours longer than other MPS solutions.[3-5] **Why look further?**

#1 Doctor Recommended[6]

Alcon®

ALCON LABORATORIES, INC.
Fort Worth, Texas 76134
www.opti-free.com

 05/07 0704ORAD18

References: 1. Contact Lens Research Services. Andrasko corneal staining grid. Available at: http://www.stainninggrid.com/grid.aspx. Accessed April 24, 2007. **2.** Andrasko GJ, Ryen KA, Garofalo RJ, et al. Compatibility of silicone hydrogel lenses with multi-purpose solutions. Alcon Laboratories, Inc. Poster presented at: ARVO; April 2006; Fort Lauderdale, Fla. **3.** Data on file. Alcon Laboratories, Inc. **4.** Meadows D, Ketelson H, David R, et al. The impact of water content and care regimen on the long term ex vivo clinical wettability of soft contact lenses. Poster presented at: AAO; Dec. 2005; San Diego, Calif. **5.** Meadows DL, Ketelson HA, McQueen N, Stone R. Dynamic wetting behavior of pHEMA-MAA and silicone hydrogel contact lenses. Alcon Laboratories, Ft. Worth, Tex. ARVO Poster. 2004. **6.** Survey of 305 Optometrists. Harris Interactive® December 2006.

American Optometric Association
243 N. Lindbergh Blvd.
St. Louis MO 63141
(800) 365-2219
www.aoa.org

Boelcke's Dicta

Dr. Alexander

Early in World War I, the use of airplanes was new to the business of warfare. It was not clear exactly how to employ these modern killing machines, nor were the tactics of attack well-developed.

The result of all this lack of knowledge was that many young flyers lost their lives, victim not to the enemy, but rather their own mistakes.

By 1916, Lieutenant Oswald Boelcke had not only survived the early years of aerial warfare, but had become Germany's first ace and was one of the first two pilots to receive the famous Blue Max. So skilled was Boelcke that the German High Command asked him to create a set of rules for fighter pilots that might assure not only enemy kills, but their safe return to home airfields. The rules he set forth became known as "Boelcke's Dicta" and survived for many years as the primary guide for fighter pilots.

In Boston, I challenged the AOA to continue our effort to "push the envelope" legislatively in Washington. To accomplish this goal will require much from each AOA member, staff person and AOA volunteer, and as I reflect on "Boelcke's Dicta," I suggest to you that they give us much insight into how to be successful legislatively.

1. Try to secure advantages before attacking. If possible, keep the sun behind you.

To be successful legislatively, we need to be organized, focused and agile. You can be assured that your Washington Office staff, led by Jon Hymes, is always prepared. Access to legislators and potential sponsors is enhanced by a healthy political action committee, AOA-PAC, and I urge every member to contribute as much as you can to help support those legislators who support us. The AOA Keyperson program puts ODs on the frontlines when the AOA needs to move fast in contacting legislators or attracting sponsors for a bill. And, while we might not be able to attack from the sun, we must always remember that the fight is not over until the sun sets.

2. Always carry through an attack when you have started it.

Success in the legislative arena requires the collective will and the resources to carry a fight to the finish. Many of our successes in Washington may not appear promising at the start with many opponents and seemingly overwhelming odds. Only by the tenacious efforts of individual ODs who volunteer to serve as Keypersons, effective use of AOA-PAC resources, and the skill of the Washington Office team are we able to achieve legislative results that are good for optometry and good for our patients.

3. Fire only at close range and only when your opponent is properly in your sights.

Legislatively, we always try to narrow the focus of our legislative concern. This makes communication with legislators and our members more efficient and understandable. This rule also implies that it is wise to be a good vote counter before you bring a bill to the floor of a legislative body—something the AOA knows how to do very well.

4. Always keep your eye on your opponent, and never let yourself be deceived by ruses.

We need to be alert to what our opponents are up to, lest we be caught unprepared. Our Advocacy Group volunteers, including the dedicated members of the AOA Professional Relations Committee, as well as our Washington office, do an incredible job of gathering information about what other professions, industries and the government are proposing that will have impact on your ability to serve your patients.

5. In any form of attack it is essential to assail your opponent from behind.

While it may not be practical to completely surprise our opponents with our legislative agenda, it is always our goal to have as much support lined up for our cause before the opposition has a chance to obtain commitments for its position. Whenever the opposition is unprepared or uncertain, we improve our chances for success.

6. If your opponent dives on you, do not try to evade his onslaught, but fly to meet it.

For the AOA, this means never avoiding an issue — especially the difficult ones. We must always be prepared for the unexpected and try to anticipate the questions and present logical, thoughtful responses. The volunteers serving on the AOA Federal Relations Committee monitors legislation introduced in Congress and acts as the profession's legislative "think tank."

7. When over the enemy's lines never forget your own line of retreat.

Rather than think in terms of retreat, to me, this rule means that the AOA must never forget the members and the patients we serve. As we get involved legislatively, we must never give in to expediency, but rather keep in mind that for patients to receive the best in eye care, the profession of optometry must be strong, viable and healthy.

8. Attack on principle in groups of four or six. When the fight breaks up into a series of single combats, take care that several do not go for one opponent.

The AOA must continue to develop legislative coalitions with organizations and professions that have similar concerns. The formal agree-

See President, page 6

American Optometric Association News (ISSN: 0094-9620) is published 18 times per year by Elsevier Inc., 360 Park Avenue South, New York, NY 10010. Months of issue are once monthly in January, June, July, August, November, and December and twice monthly in February, March, April, May, September and October. Business Office: 11830 Westline Industrial Drive, St. Louis, MO 63146. Editorial Office: 243 N. Lindbergh Blvd., St. Louis, MO 63141. Accounting and Circulation Offices: 6277 Sea Harbor Drive, Orlando, FL 32887-4800. Domestic subscriptions: $97. International subscriptions: $126. Customer service: 800-654-2452 (US and Canada) or 407-363-9661 (other countries). Periodicals postage paid at New York, NY and at additional mailing offices. POSTMASTER: Send address changes to American Optometric Association News, Elsevier Periodicals Department, 6277 Sea Harbor Drive, Orlando, FL 32887-4800.

EYE ON WASHINGTON

SCHIP bills advance in both houses

The U.S. House and Senate both passed State Children's Health Insurance Program (SCHIP) bills in the first week of August. Included in the House bill is a Medicare fee fix that would eliminate a 9.9 percent planned cut in Medicare fees next year. The Senate bill does not address Medicare.

The AOA has been working with legislators to ensure that eye and vision coverage continues to be a priority under SCHIP, which was created in 1997 and is due to expire in September.

SCHIP is jointly financed by the federal and state governments, but is administered by the states.

Within broad federal guidelines, each state determines the design of its program, eligibility groups, benefit packages, payment levels for coverage, and administrative and operating procedures.

Although eye and vision coverage under SCHIP is mandatory in only 10 states and the District of Columbia, every state includes eye and vision care in its coverage of SCHIP beneficiaries.

With Congress focusing on children's health, the AOA sought to advance children's vision funding legislation (the *Vision Care for Kids Act,* HR 507) without putting the issue at risk due to the politics of the extremely contentious SCHIP reauthorization process.

It is expected that the *Vision Care for Kids Act,* which was approved by the Energy and Commerce Subcommittee on Health on July 19, will be considered by the full committee in September.

In a largely party-line 225-204 vote, the House passed HR 3162, reauthorizing SCHIP and adding $47.8 billion in additional funds to the program over the next five years. The Senate bill passed 68-31, a margin large enough to override a threatened presidential veto.

The Senate version of the bill (S. 1896) would provide $35 billion for SCHIP over

See SCHIP, page 12

LETTERS

FDA seeks help in replacing solutions

Editor:

On May 31, 2007, the FDA issued a "Preliminary Public Health Notification: *Acanthamoeba* Keratitis Infections Potentially Related to Complete MoisturePlus Multipurpose Contact Lens Solution Manufactured by Advanced Medical Optics (AMO)." The purpose of the notification was to inform health care practitioners and consumers about the recall of AMO Complete MoisturePlus contact lens disinfecting solution (announced May 25, 2007) and provide recommendations for contact lens wearers.

It has recently come to our attention that there are many consumers who are still not aware of the recall and continue to use the recalled product. Several cases of *Acanthamoeba* keratitis have been reported to the Centers for Disease Control and Prevention (CDC) that involve the use of AMO Complete MoisturePlus after the recall was announced.

While we believe the product has been removed from retailer shelves, many consumers "stock up" on solution and have multiple bottles of solution at home.

We are asking for your help, and the help of your members, to get this information out to consumers who may be using AMO Complete MoisturePlus. The original notification can be found at *www.fda.gov/cdrh/safety/053107-acanthamoeba.html.* Information written specifically for consumers can be found at *www.fda.gov/cdrh/medicaldevicesafety/atp/053107-acanthamoeba.html.* Information from the CDC can be found at *www.cdc.gov/ncidod/dpd/parasites/acanthamoeba.*

Thank you very much for your help in getting this important information more widely disseminated.

Nancy Pressly
FDA Center for Devices and Radiological Health

Support allies in public health

Editor:

Optometry is now a major health care provider in the field of public health, and our involvement continues to grow. It was only 52 years ago that optometrists were first able to join the American Public Health Association (APHA). At that time there were no separate sections for optometrists, and most joined the Medical Care Section. It took 24 years for optometry and other eye care providers to have their own section, now known as the Vision Care Section (VCS).

Over 25 resolutions have been submitted by the VCS and approved by the APHA Governing Council. These resolutions range from their support of optometrists to use both diagnostic and therapeutic drugs to the use of protective eyewear for children engaged in sports activities which have been instrumental in shaping state and national vision policy.

In 2000, the U.S. Department of Health and Human Services released the health promotion and disease prevention initiatives for the nation known as Healthy People 2010. The initiatives contain 10 objectives on vision, and recognize the optometric profession as a leading health care provider in carrying out these initiatives.

In fact, on Jan. 16, 2005, the AOA was commended by the deputy assistant secretary for health for its role in developing the Healthy Eyes Healthy People™ program. In addition, the AOA also has a Memorandum of Understanding with the APHA, to improve access to vision care services. The MOU has resulted in the Executive Director of the APHA speaking to the AOA House of Delegates for the past few years.

Since 2004, the AOA has distributed $620,000 to state associations for 144 projects, directly related to the Healthy People 2010 initiatives, including funding from the NEI. These accomplishments are a direct result of the efforts of a small group of dedicated optometrists who were determined to create their own section, and ultimately received support and recognition by the APHA, as the major eye care provider in the U.S.

In 1991, the Governing Council of the APHA unanimously defeated a resolution by ophthalmology to rescind the APHA 1990 resolution favoring the use of therapeutic agents by optometrists. At that time the Vision Care Section had a membership of 800, as well as four representatives in the Governing Council. Today there are fewer than 400 members and only two members in the governing council. **Our clout has diminished at the very time when optometry is in need of support from external organizations.**

Never in the history of optometry has it been more important for ODs to belong to the APHA. It is time for all optometrists to recognize that we are part of the public health system. Being a member of the American Public Health Association is a confirmation of your understanding and involvement.

Please contact me immediately at my e-mail address, and I will facilitate your membership in this great organization.

Morton W. Silverman, O.D.
Membership Co-Chair, VCS
Msilverman1@bellsouth.net

Send letters to: Editor, AOA News
243 N. Lindbergh Blvd., St. Louis MO 63141.
RAFoster@aoa.org. AOA News reserves the right to edit letters submitted for publication.

CMS: Check NPI records for Social Security numbers

The U.S. Centers for Medicare and Medicaid Services (CMS) is urging practitioners to check their National Provider Identifier (NPI) registration information and delete any non-required information they do not wish to have made publicly available.

The CMS notes that a number of health care providers have listed Social Security numbers or other provider identification numbers in the "Other Names" and "Other Provider Identifier" boxes on the National Plan and Provider Enumeration System (NPPES) registration form, used to apply for NPI numbers.

Experts warn such identifiers can be misused by identity thieves.

The CMS plans to make information in the NPPES databank publicly available through an online NPI Registry.

The NPI Registry will provide information on all NPPES information required for release under the federal Freedom of Information Act (known as FOIA-disclosable data).

The CMS is delaying the launch of the NPI Registry, which it had hoped to have online by this month.

While Social Security numbers are not required on NPI applications they will be required to release the numbers through the NPI Registry if they are part of the NPPES records.

NPI registration information can be checked and revised on the NPPES Web site (*www.nppes.cms.hhs.gov*).

No PINs, UPIN on NPI applications

In a related advisory last month, CMS emphasized that when Medicare physicians or other health care practitioners are applying for an NPI, they should not include their UPIN numbers (if assigned) or their PIN numbers.

Similarly, health care providers associated with group practices or clinics, should not include the PINs for those practice or clinics.

Medicare group practices or clinics applying for NPIs should not include their PINs. They also should not include the PINs or UPINs of any of the members of the group practice or clinic.

Watch for potential problem areas:

Incorrect NPPES data can lead to Medicare claim rejections

The CMS recommends health care providers check any information they have entered in the NPPES for accuracy. Some provider information in the NPPES system is used by Medicare in processing claims. If the information entered in NPPES is not correct, claims may be rejected, the CMS notes.

"It is important to verify that information was entered correctly," the CMS warns in a special edition *Medicare Learning Network* article (SE0725) issued July 5. The agency also advises health care providers to "be sure their staff are aware of the key elements that need to be correct …"

As Medicare has begun to implement the NPI into its systems, several common enumeration and billing errors have been identified that may result in claim rejections, according to the CMS:

- Errors in the Employer Identification Number (EIN),
- Invalid or incomplete data within the 'Other Provider Identifiers' section of the NPPES online application,
- Reporting an incomplete identifier,
- Having more than the allowable number of legacy numbers,
- Listing legacy numbers that do not belong to the applicant.

Medicare providers who determine they should make changes in their NPPES records can update the information on the NPPES Web site (*https://nppes.cms.hhs.gov*). They can also send updates on the paper NPI Application/Update Form (CMS-10114), which can be requested by calling the NPI Enumerator at (800) 465-3203, or downloaded from the CMS Forms Web page (*www.cms.hhs.gov/cmsforms*).

The new CMS article also offers guidance on a number of other NPI-related topics including: common errors in reporting change of ownership to Medicare and "dos and don'ts" for reporting other provider identification numbers. The article can be viewed on the CMS Web site at *www.cms.hhs.gov/MLNMattersArticles/downloads/SE0725.pdf*.

Some clearinghouses removing NPIs, error notices

Health care providers who use billing services to file their Medicare claims should be aware that some services are apparently removing NPI numbers from claims, according to the CMS. In addition, some are failing to forward NPI-related error messages from carriers to providers, the agency also warned.

Either could mean some providers will be caught unprepared and facing claim rejections when NPIs become mandatory on Medicare claims, perhaps later this year.

Moreover, removing NPIs from claims could cause health care providers to lose Medicare Physician Quality Report Initiative (PQRI) bonuses right now, the agency added.

The CMS is asking health care providers to file claims with both NPIs and legacy numbers, in part, to help providers, billing services and Medicare carriers identify any problems associated with NPI use before the new identifier becomes required on Medicare claims.

When clearinghouses strip the NPI from claims prior to processing, they cost their clients, carriers and themselves valuable opportunities to spot potential problems, according to the CMS.

"Providers may be under the false impression that their claims are being successfully submitted to Medicare, through their clearinghouse, using an NPI," the CMS noted in a bulletin last month. "During this testing and implementation phase for the NPI, providers should pay close attention to information from health plans and clearinghouses to understand how claims are being processed and what providers should be doing to ensure no disruption in payment."

Similarly, when clearinghouses remove NPI-related error messages from the remittance advice, they cost their clients opportunities to correct problems with NPI use in their offices, the CMS said.

Because Medicare claims are still being processed primarily on the basis of Medicare provider numbers, claims may be paid even when they have NPI-related errors that will eventually prompt claim rejection.

"Providers should ensure that the information they are submitting on a claim is what is being transmitted to each health plan by the billing vendors or clearinghouses who may be submitting the claims on their behalf," the CMS bulletin continued.

NPIs are already required for participation in the Medicare PQRI, which began July 1.

Under PQRI, health care providers can earn bonuses equaling 1.5 percent of their total Medicare payments for the year when they report specified quality of care measures in at least 80 percent of applicable cases.

Claims filed without NPIs will not be considered when PQRI bonuses are tabulated, the CMS warned.

"Stripping of NPIs (from claims) may be occurring even though the NPI appears on remittance advice because some clearinghouses are adding the NPI to the remittance prior to sending it to the provider," the CMS warned.

Texas OD finds cataracts during InfantSEE® visit

Sometimes it's a gut feeling, despite a healthy birth and a normal family history, that makes a parent schedule an InfantSEE® assessment, as one Texas family discovered in June.

The mother brought in her 5-month-old son, accompanied by his grandmother and brother. She indicated her concern that the child only seemed to look at things with his head tilted back.

The family practitioner had told the family not to worry about visual problems until the baby was 6 months old.

"The grandma decided to do some research online, where she found the InfantSEE® program and the Dr. Locator," said John Todd Cornett, O.D.

Dr. Cornett's information registered as a search result. Several family members were patients of Dr. Cornett's, so they were comfortable scheduling an InfantSEE® assessment in his office.

After seeing the InfantSEE® assessment listed on the schedule for Dr. Cornett, his new associate, Shauna Thornhill, O.D., a recent Pacific College of Optometry graduate, asked to observe as she had never been involved in a young infant evaluation.

"As we talked, I was thinking that he looked like he couldn't see," said Dr. Cornett. "His mom said he really only liked to look at lights. I noticed an occasional nystagmus. I picked up my transilluminator, and that's when my heart sank. I looked at his beautiful blue eyes, and there was something odd inside his pupils. They were both really grey. I grabbed my ophthalmoscope, and there was just a faint ring of a red reflex that I could only see with a very eccentric view. The majority of his pupil was totally blocked by a dense cataract in each eye."

After dilation, Dr. Cornett could see a few retinal vessels around the edge of the dense cataracts.

The local pediatric ophthalmologist was able to see the infant within two hours and scheduled the first cataract removal for the following week.

Dr. Cornett was quick to point out to Dr. Thornhill that this was not a typical InfantSEE® assessment. "If everything else is okay, the prognosis is good," said Dr. Cornett. "All it took was a penlight and someone paying attention."

Dr. Cornett credits the InfantSEE® framework that helps to keep babies from falling through the cracks.

"What I'll remember most is that little guy," said Dr. Cornett. "To be his advocate, and not get anything in return, that's pretty cool."

For more information about the InfantSEE® program, or to sign up as an InfantSEE® provider, e-mail *infantsee@aoa.org,* call (800) 365-2219, ext. 4286, or visit *www.aoa.org*.

President

from page 3

ments AOA has developed with federal government agencies and like-minded organizations further demonstrate our credibility, clout and overall commitment to patient care.

Boelcke's Dicta is nearly 100 years old, but the principles laid down by this first German Ace hold true today in the legislative arena, business and, unfortunately, in war. Optometry, through the American Optometric Association, will continue to aggressively pursue legislation that improves the visual welfare of all the citizens of this country and, at the same time, solidifies our profession's rightful place at the frontline of all eye care.

Kevin L. Alexander OD, PhD

AOA site offers one-stop PQRI tutorial

A new Medicare Physician Quality Reporting Initiative (PQRI) page on the AOA Web site offers a convenient, comprehensive summary of the information optometrists most need to participate in Medicare's new quality reporting program.

Under the Medicare PQRI, health care practitioners can earn 1.5 percent payment bonuses when they take specified measures to enhance care for Medicare beneficiaries and report those services on claims using a new set of Level II CPT codes.

The AOA PQRI page was redesigned to coincide with the July 1 start of the first Medicare PQRI reporting period.

It reflects last-minute guidance from the U.S. Centers for Medicare and Medicaid Services (CMS). The Web page covers:

- An introduction to the PQRI for optometrists
- How to code for eye care measures
- PQRI coding definitions
- PQRI tools and resources from the CMS, AOA and other sources (including documentation materials for macular degeneration, diabetic retinopathy and activities of daily living)
- PQRI eye care measures on a convenient summary
- Filing specifics and examples for each of the measures
- CMS PQRI PowerPoint presentations
- An explanation of the PQRI incentive payment
- PQRI Beyond 2007: plans for the development of the PQRI in the future; and
- CMS special alerts and announcements regarding the PQRI are posted to the Web page on release.

The new AOA PQRI page was developed by the AOA Eye Care Benefits Center and AOA Federal Relations Committee with the assistance of the AOA Communications Group.

AOA members are urged to check the PQRI page frequently for updates on the program.

AOA members can find a link to the new PQRI page on the AOA Web site home page (*www.aoa.org*) or log on directly at *www.aoa.org/ PQRI.xml*.

Letter explains PQRI to beneficiaries

The Centers for Medicare and Medicaid Services (CMS) has developed a letter to Medicare beneficiaries with important information about the Physician Quality Reporting Initiative (PQRI).

The letter explains what the program is and its implications for patients. Physicians may provide copies of the letter to their patients in support of their PQRI participation.

To access the letter, visit the CMS PQRI page (*www.cms.hhs.gov/ PQRI*), scroll to the "Downloads" section and selected the link to the "Letter to Medicare Beneficiaries."

Now there is something new, Red Tray.

As the owner of a small to medium practice, you know the best way to save on your 'cost of goods' has always been to concentrate your purchases with a few key suppliers and buy the rest of your products through a traditional buying group. But unless you do a lot of volume, that still doesn't get you the maximum discount offered by most optical labs and frame companies.

Get the buying power of a mega practice.

Founded by Jerry Hayes, OD, Red Tray offers you the maximum published discount from a select group of top optical labs and frame companies. And, unlike traditional buying groups, we don't hold back any of the discount. You get it all!

As a Red Tray member, you don't have to own a chain of offices or have a Million Dollar practice to get the maximum published discount on every lab purchase and every frame you buy — regardless of your monthly volume. Getting thousands of dollars in extra discounts could be as simple as billing your lab purchases through Red Tray.

Are you paying too much for your lab services and frames? *You decide.*

At right, are just a few of the discounts Red Tray members receive from America's best labs and top frame companies. For a complete 'at-a-glance' comparison of Red Tray discounts by lab and individual designer line, call Linda Holley at **800.416.7676, Ext 292**.

How do we offer such great discounts?

First off, we create buying power by signing up thousands of dispensing practices across the country. Then we cut our margins to the bone by charging members an admin fee as low as 1% of their purchases. Go to ***www.redtraysaves.com*** for a complete explanation of our discount structure and see how you can benefit from the strongest discount plan ever offered to independent practice owners.

Buy from Red Tray preferred suppliers and add thousands to your bottom line.

Membership is FREE.
Call 800.416.7676 or go to
www.redtraysaves.com

RedTrayOptical | Maximum Discounts From America's Best Labs

SAME suppliers.
SAME products.
BETTER discounts.

Compare and save:

Typical Buying Group	Your Red Tray Discount	Sample Frame Discounts
15%	18%	Aspex Eyewear
16%	20%	Charmant Group*
15%	20%	ClearVision Optical*
16%	20%	L'Amy Group
17%	20%	Luxottica Group*
17%	20%	Marchon Eyewear*
17%	20%	Marcolin Eyewear*
7%	10%	ProDesign Eyewear*
13%	17%	REM Eyewear
20%	20%	Revolution Eyewear
15%	20%	Safilo Group*
10%	15%	Signature Eyewear*
6%	10%	Silhouette
8%	12.5%	Tura Optical*
16%	20%	Viva Group*

*Discounts are off list. *Maximum discounts vary by individual designer lines.*

		Sample Lab Discounts
20%	24%	Bell-Duffens Optical*
10%	15%	Central Optical
20%	24%	Crown Optical - RI*
20%	24%	DBL Labs*
20%	24%	Duffens Optical*
20%	24%	East Coast Ophthalmic*
20%	24%	Elite Optical - Visalia*
20%	24%	Essilor New Jersey*
15%	25%	Eye-Kraft
16%	20%	HOYA Dallas
16%	20%	HOYA Hartford
16%	20%	HOYA Seattle
Silver Level	Gold Level	IcareLabs
5%	10%	Interstate Optical*
17%	20%	Luzerne Optical
20%	24%	Meridian - Phoenix*
20%	24%	Milroy Optical*
20%	24%	New City Optical*
20%	24%	Omega Dallas*
20%	24%	Optical Supply Inc.*
14%	25%	Pech Optical
20%	24%	Precision Optics*
15%	20%	Rite-Style Optical
15%	20%	Robertson Optical
20%	24%	Southern Optical*
10%	15%	Sutherlin Optical
20%	24%	Top Network - Ohio*
20%	24%	Twin City Optical*

*Discounts are off list. *Discounts are off National Price List.*

For a complete list of frame and lab discounts, call or go to:
www.redtraysaves.com

2007 AOA Optical Dispensing Survey

Most patients still getting eyeglasses, CLs from their ODs

Optical shops, Internet retailers, and telephone merchandisers often claim big discounts for eyeglass and contact lens wearers. However, vision care patients are not flocking in increasing numbers to have their eyewear prescriptions filled outside their optometrists' offices, the 2007 AOA Optical Dispensing Survey finds.

In fact, contact lens patients now appear to be a bit more likely to purchase their lenses from their eye care providers than in the recent past, the survey shows.

Patients in AOA member practices are obtaining their eyeglasses through practice dispensaries and "alternative sources" at about the same rates as they were six years ago, notes AOA Information and Data Committee Chair Richard C. Edlow, O.D.

Only 14.3 percent of patients examined in AOA-member practices took spectacle prescriptions outside the practice to be filled last year – exactly the same percentage as in 2000, the survey finds.

The percentage of contact lens patients purchasing their lenses outside the practice, following an examination in an AOA-member practice, actually decreased to 17 percent last year, down from 21 percent in 2004.

"This suggests optometric practices are doing a good job of providing quality, value and service. Most patients do not find reason to take their prescriptions elsewhere to be filled," Dr. Edlow said.

Traditionally, most vision care patients have purchased their eyeglasses and contact lenses through their eye care practitioners' dispensaries. However, some optical industry observers have anticipated continuing erosion in practice dispensary business due to aggressive price-oriented advertising by telephone order firms, Internet lens sellers and discount optical shops.

Federal and state laws, such as the *Fairness to Contact Lens Consumers Act of 2004*, which require eye care practitioners to release copies of vision correction prescriptions to patients, were also expected to contribute to that trend.

However, the AOA survey data suggests use of alternative lens sources may have reached a plateau.

Optometric practice management consultants note that patients are likely to consider a number of factors when purchasing eyewear, including quality, convenience, style and the confidence they place in their eye care practitioners. For most patients, price will not be the sole consideration in the purchase.

Contact lens patients now appear to be a bit more likely to purchase their lenses from their eye care providers than in the recent past.

Moreover, state laws requiring prescription release have been in place for years, and their effects on the market have probably already been realized, according to the AOA Advocacy Group.

The AOA Optical Dispensing Survey is conducted every two years to track trends in eyewear dispensing among AOA member optometric practices. It is a stratified random sample of 4,000 practices reflecting activities in calendar year 2006.

Among the survey's other findings:

- Utilization of traditional glass lenses continues to decline, while high-index plastic lenses saw "a nice jump" in popularity over the past two years — now representing 21.8 percent of the lenses dispensed by AOA members, according to Dr. Edlow.

"More significantly, polycarbonate lenses now represent 31.3 percent as newly introduced polycarbonate products are being embraced by optometrists, particularly for children's eyewear in light of their superior safety," Dr. Edlow said.

- Progressive lenses are now dispensed twice as often as traditional flat-top bifocals.
- Some 48 percent of AOA member practices now provide lens edging, up from 40 percent two years ago.
- More AOA member practices now offer lens surfacing (5.7 percent) and lens casting (5.5 percent).
- Soft torics now represent 21 percent of the contact lenses dispensed in AOA member practices, up from 17 percent in 2004.
- Soft multifocals now represent 9.4 percent of the contact lenses dispensed in AOA member practices, up from 7.4 percent in 2004.

"That reflects better product, improved ease of fit, and practitioners getting more involved in providing the very latest in lens modalities available," Dr. Edlow said.

The complete text of the AOA Information and Data Committee survey will appear in the Practice Strategies section of the October issue of *Optometry: Journal of the American Optometric Association.*

Patients Requiring Spectacle Prescriptions/ Spectacle Rxs Filled Elsewhere

Mean Percent, 1992-2006

Category	1992	1994	1998	2000	2002	2004	2006
Required new Rx*	69.1	69.3	69.5	69.9	64.9	62.6	63.5
Did not require new Rx**	20.0	20.3	20.3	20.3	24.2	25.6	25.0
Did not require any Rx	10.9	10.4	10.2	9.8	10.9	11.8	11.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Rx's filled elsewhere	11.9	11.5	12.7	14.3	13.6	15.0	14.3

* First time Rx or change in existing Rx

**Previous Rx adequate

OD Dispensed Lenses with One or More Treatments,

Mean Percent, 1994-2006

Type of Lens Treatment*	1994	1998	2000	2002	2004	2006
Scratch-resistance coating	60.4	63.1	69.1	67.2	62.9	66.5
Ultra-violet coating	32.6	34.2	38.1	36.1	33.5	40.4
Tinting (excl. photochromic)	34.9	24.0	18.0	16.3	15.6	12.4
Photochromic lenses**	14.2	22.7	22.4	23.1	24.6	25.0
Anti-reflective	11.0	16.0	24.9	25.8	27.2	36.8
Polarized	2.9	4.3	7.1	8.1	8.3	9.9

* totals may exceed 100 percent

** includes Transitions, glass photochromic, etc.

Survey: anti-reflectives catching on in U.S

For years, anti-reflective coating has been all but standard on eyeglasses in Europe and Asia. Now, a new AOA survey finds anti-reflectives may finally be catching on in the United States.

For the first time, last year, fully one-third of eyeglasses dispensed in AOA-member optometric practices had anti-reflective coatings, according to the new 2007 AOA Optical Dispensing Survey.

Utilization of anti-reflective coating has more than tripled since 1994, the survey shows. More significantly, it increased 9.6 percent over the past two years, according to AOA Information and Data Committee Chair Richard C. Edlow, O.D.

That is "the biggest change in a two-year period that we have ever seen," Dr. Edlow noted.

In Europe and Asia, 90 percent of eyeglasses have anti-reflective lenses, according to Dr. Edlow.

The optical industry has long wondered why anti-reflective lens treatments have not enjoyed similar popularity in North America.

Dr. Edlow speculates that growth in anti-glare coating utilization could reflect increased patient interest in eyewear quality and style.

"In Europe, and particularly in Italy, there is much more interest in eyeglasses as a fashion statement. People have three or four glasses for different days of the week. As opposed to the U.S. where patients buy one pair and hope they last for six years," Dr. Edlow said.

That theory would be consistent with other survey findings that show frames in AOA members' dispensaries now average from $45 to $80 and continue to trend toward the upper end of the price range, Dr. Edlow observes.

He also suspects more optometrists and more practice staff members may be embracing anti-reflective lens technology.

"The AOA Optical Dispensing Survey confirms that optometrists and their staffs are instrumental in helping patients to decide which lens options best meet their individual needs," Dr. Edlow notes.

In well over half of cases (57.2 percent), anti-reflective coating is recommended to patients by optometrists.

In about four out of five cases (39.9 percent), it is recommended to patients by optometric office staff.

In only 3.3 percent of cases, do patients bring up the subject of anti-reflective lenses.

Whatever the reason, Dr. Edlow believes the increase in anti-reflective coating utilization is good news for U.S. eye care patients.

"In my opinion as a doctor of optometry, the clarity of vision is so far superior that they should be prescribed for everyone," Dr. Edlow said.

New officers of the AOA Paraoptometric Section, from left, Immediate Past President Barbara Wohlk, CPOT; Trustee Teresa Stokes, CPOT; Trustee Mary-Ellen Breen, CPOA; Secretary Mary Dunn, CPOT; Vice Chair Shoni Sharp, CPOT; Chair-elect Nora Dorau, CPOA; Chair Sue McAteer, CPOT, and swearing in the new officers, Dennis Lyons, O.D.

Take time to recognize paraoptometrics

The AOA Paraoptometric Section, with the support of the AOA, has designated Sept. 16-22, 2007, as Paraoptometric Recognition Week.

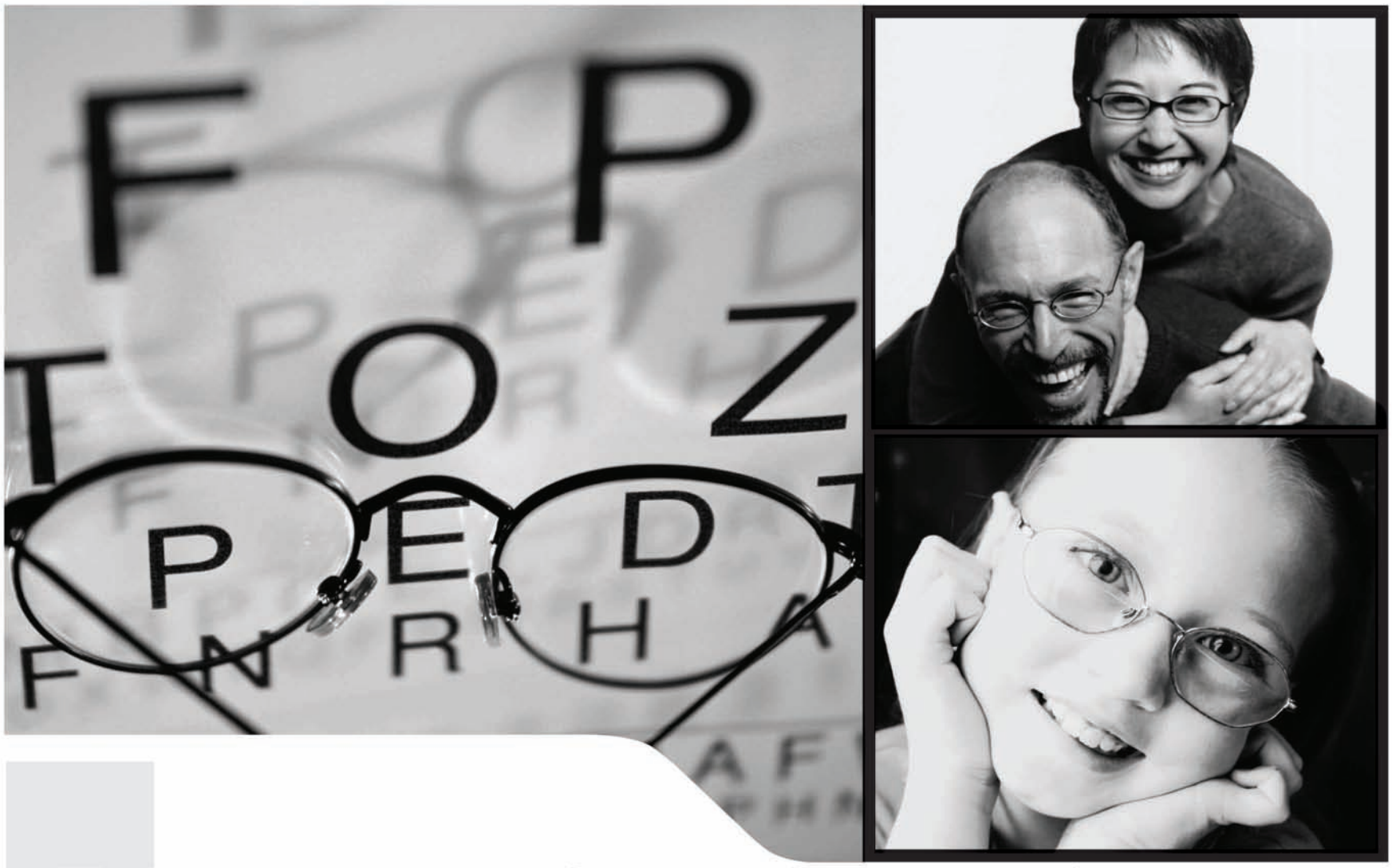
Now in its sixth year, the recognition week is designed to honor paraoptometrics for their dedication to the patients they serve and to the profession of optometry.

"On a daily basis, paraoptometrics provide extensive patient care, as well as office organization, allowing the optometrists to concentrate their efforts on the care of each patient," said Kevin L. Alexander, O.D., Ph.D., AOA president. Recognition of paraoptometry as a profession hinges on the strength of the paraoptometric members and support of optometrists and other health care providers.

By seeking education, acquiring new skills and becoming certified, the high standards for paraoptometrics challenge other support personnel who work within the profession to do the same, according to the AOA Paraoptometric Section.
Sue McAteer, CPOT, chair of the AOA Paraoptometric Section, emphasizes that the success of the Paraoptometric Recognition Week depends also on doctor participation. This recognition is another opportunity to build on the great team relationship between optometrists and paraoptometrics.

The AOA Paraoptometric Section suggests a variety of ways to celebrate the week and provides Paraoptometric Recognition Week Promotional Kits free of charge to help in making plans for the observance. Kits may be requested by e-mailing *jvmurphy@aoa.org*. Doctors are encouraged to be creative in planning their festivities.

Suggestions include: providing a Paraoptometric Section membership for a paraoptometric in the office, treating staff to lunch or dinner, outfitting staff with AOA apparel and gift items, gift certificates, flowers or candy. The activity or gesture may be big or may be quietly expressed; either way, doctors are urged to participate in this opportunity to extend appreciation to paraoptometrics.



Take control of your future with AOA-sponsored Insurance Programs.

Professional Liability Insurance:

In today's increasingly litigious society, you need to take control of the most important things in your life – yourself, your family and your career – should you be named in a malpractice claim or lawsuit.

- Policy limits up to $2,000,000.00 per occurrence and up to $4,000,000.00 per annual aggregate
- Per occurrence coverage no matter when a claim is filed (as long as the incident took place while the policy was in force)
- Premium credits for group practices
- Lost wage reimbursement
- Defense reimbursement

For more information about Professional Liability call:

1-800-503-9230

The Business Owner's Package:

Protect your entire business with outstanding coverage including Property and General Liability at competitive rates – with no additional charge for coverage for your employees. What's more, Workers Compensation coverage does not need to be placed with our office in order for us to provide Professional Liability coverage.

Automatic coverage includes:

- Glass (interior & exterior)
- Theft
- Money & Securities
- Accounts Receivable
- Property of others
- Computer equipment, including software

To inquire about a Business Owner's Package call:

1-800-882-2262

Plans Administered by:

MARSH
Affinity Group Services
a service of Seabury & Smith

Plans Sponsored by:

AOA Professional Advantage
Professional Liability | Business Owner's Package

All coverages are subject to the terms and conditions of the policy. Professional Liability Insurance is underwritten by Chicago Insurance Company, a member company of the Fireman's Fund Insurance Companies.

CA #0633005

Railroad employees national health plan adds optometrists

In a reversal of earlier policy, the Railroad Employees National Health and Welfare Plan announced that coverage for the services of optometrists will be added to the national plan.

Prior to this announcement, only the services of ophthalmologists were covered.

A letter from Robert A. Scardelletti, International president of the Transportation Communications International Union, explained that the policy was reconsidered after contact from several optometrists and others who were "helpful in illustrating the point that many members live in areas where access to ophthalmologists is limited or non-existent, and that many types of medical treatment involving the eyes can be performed by an optometrist at a lower cost to the plan than an ophthalmologist."

The services of optometrists will be covered under the following conditions:

- The services must be within the scope of the optometrist's license
- The service would otherwise be covered if performed by a medical doctor (MD).

Refractive services will continue to be excluded under the medical plan, but are covered under the group's VSP vision plan.

"The success in turning around the Railroad's decision to exclude optometrists (from medical eye care) is an example of what can happen when individual members, state affiliates and the AOA act together using all our resources," said Tom Weaver, DMD, AOA Eye Care Benefits Center director. "Everyone deserves the credit and should be justifiably proud."

SCHIP

from page 4

five years to expand coverage, but does not include provisions addressing the Medicare fee cut or Medicare Advantage plans.

The funding mechanism of the bill would be a 61-cent increase of the cigarette tax and a slightly larger increase in taxes on cigars and other tobacco products.

The approval of two different SCHIP reauthorization bills will result in the appointment of a Senate-House conference committee charged with producing a final version for a final up-or-down vote in each chamber.

President Bush, who has said he will veto any SCHIP-reauthorization bill exceeding $5 billion in cost, will then get the final bill.

Insurance Committee outlines Business Owner's Plan (BOP)

If you are planning to open your own practice, business owner's insurance is second only to professional liability insurance in importance. Business insurance, otherwise known as a Business Owner's Plan (BOP), is general liability protection. It covers the business from specific property risks. These include loss of equipment and premises by fire, theft, and other hazards. The BOP also protects against loss from injury to others. For example, if a client falls and is injured in your office, the plan covers this accident.

Recent columns on this topic appear similar to that of Office Overhead Expense Insurance (OOEI). However, these two programs serve two different purposes. OOEI pays office expenses for the doctor who is unable to work. It is essentially disability insurance, but classified as "health insurance." BOP insures real losses from fire, theft, etc., including injuries. It is classified as "property and casualty insurance."

If you rent space or are employed, always check your liability. If you rent, the owner may cover loss of his or her real property, but not loss of your equipment or supplies. Similarly, the owner's policy may not cover injuries sustained by your patients. Even if you are employed, you should know what your liabilities are. Your employer may not cover all your risks.

If you have a policy, read it to see what is covered and what is not. One optometrist was surprised to learn that he was not covered if a patient was injured while he took her to the parking lot in her wheelchair. While one would expect this situation to be covered, insurance companies are businesses and they cannot afford to cover risks not specified in the policy. The worst time to review your policy is after you have to file a claim.

BOP policies are individually underwritten because there are many variables involved. Specifics of the building must be taken into account – whether there is an increased fire, flood, or hurricane risk, for example, and the construction of the building – size, materials, etc., as well as age of the building. Two rates will be developed – one for the real property and one for the contents.

Business Interruption Insurance is usually a part of the BOP. It covers the actual loss of income for a 12-month period. While the Office Overhead Expense Insurance (mentioned above) covers the loss of the optometrist, Business Interruption Insurance covers the loss of the facility's money-making ability. If the building and/or contents are destroyed in a fire, the loss of income will be covered, even if the doctor is fully capable of working.

Finally, there is the question of where to purchase your BOP. The AOA-endorsed property and casualty provider, Marsh, was chosen because it provides what AOA recognizes to be the best value. We have many members who choose to participate in the AOA-endorsed program. Marsh uses different insurance companies depending on what insurance companies offer in different locations. Other members prefer to enlist the services of a local agent who can provide the insurance and act as a referral source for the doctor.

For more information, contact Marsh at (800) 882-2262 or Tom Weaver at (703) 837-1343 or *TWeaver@aoa.org*. As with any insurance program, specifics need to be discussed with a licensed agent.

Texas Medicaid patients gain direct access to eye care

Texas Gov. Rick Perry (R) signed into law Senate Bill 10, which establishes direct access to eye health care services for Medicaid recipients, including those receiving services through a managed care arrangement, on June 14.

"The new Texas legislation allows for direct access of Medicaid patients to both optometrists and ophthalmologists without going through a primary care physician or another gatekeeper," said Brian J. Blount, O.D., Texas Optometric Association president-elect.

"It will improve patient access to eye care, as well as reduce Medicaid costs. It will also save our patients' time, energy and precious financial resources," he said.

As part of a multifaceted health care reform bill, Medicaid recipients in Texas will now be entitled to select ophthalmologists or therapeutic optometrists who are medical assistance providers to provide eye health care services.

The reform covers services, other than surgery, that are within the scope of services provided under the medical assistance program and within the scope of practice for which the provider is licensed and credentialed.

Medicaid recipients will have direct access to the selected ophthalmologist or therapeutic optometrist for the provision of non-surgical services without any requirement to obtain a referral from a primary care physician or other gatekeeper or any other prior authorization or pre-certification.

This does not expand the scope of eye health care services provided under the medical assistance program.

In addition, Medicaid recipients receiving care under managed care plans will also have direct access to in-network providers – whether they are an ophthalmologist or therapeutic optometrist.

This act will not affect the obligation of an ophthalmologist or therapeutic optometrist in a managed care network to comply with the terms and conditions of the managed care plan.

"It will improve patient access to eye care, as well as reduce Medicaid costs. It will also save our patients' time, energy and precious financial resources."

IU names Marshall vice president of diversity, equity, multicultural affairs

Indiana University (IU) President Michael A. McRobbie announced the appointment of Professor Edwin C. Marshall, O.D., MPH, as vice president of diversity, equity and multicultural affairs on July 18.

Dr. Marshall, a professor and associate dean for academic affairs and student administration at the IU School of Optometry, replaces Vice President Charlie Nelms, who has resigned to become Chancellor at North Carolina Central University in Durham.

In June, Dr. Marshall was honored as the AOA's Optometrist of the Year.

"Ed Marshall is an extremely accomplished member of the faculty and a person who has established a truly national and international reputation for academic excellence in his profession," McRobbie said. "He also has a deep commitment to diversity and equity in higher education. He will have important responsibilities in his new role as vice president, and I am very pleased that he has agreed to take on this key assignment."

Dr. Marshall will have oversight for matters concerning diversity, equity and multicultural affairs on all IU campuses and more specific responsibilities at IU Bloomington. This will include relevant academic support services, K-12 outreach initiatives, student enrollment and retention initiatives and diversity and equity efforts.

Dr. Marshall has been an adviser to the medical faculty of the National University of Malaysia and the Cebu Doctors' College, College of Optometry in the Philippines, and many other international accomplishments.

McRobbie also noted that Dr. Marshall's background in public health — he is an adjunct professor of public health at the IU School of Medicine — will enable him to play an important role in implementing IU's strategy for expanding life sciences research.

Dr. Marshall said he looks forward to working closely with McRobbie in shaping diversity and equity policies for the university.

Dr. Marshall

ICO appoints Daum VP, dean for academic affairs

The Illinois College of Optometry President Arol Augsburger, O.D., announced the appointment of Kent Daum, O.D., Ph.D., as the vice president and dean for Academic Affairs of the Illinois College of Optometry (ICO).

Dr. Daum currently serves as associate professor of optometry and associate scientist at the University of Alabama at Birmingham (UAB).

"Dr. Daum has a commitment to student recruitment, retention, and remediation and an appreciation for the value of faculty governance, defined educational standards, and assessment measures," said Dr. Augsburger. "He values clinically focused and evidence-based education as well as diversity and the importance of providing vision care to the indigent in society. He will bring to ICO a knowledge base of modern optometry and the direction in which optometry and optometric education is moving."

Dr. Daum has extensive experience with accreditation preparation. He served as chair of UAB's curriculum committee, as a consultant to the Accreditation Council on Optometric Education and as chair of UAB's institutional self-study and review committee.

"Dr. Daum clearly has the credentials and the creative and enthusiastic spirit to be part of the successful future of the Illinois College of Optometry and the optometric educational field," said Dr. Augsburger.

Campaign

from page 1

Childhood Computer Vision Syndrome, Ready for School Parent Quiz, Ready for School Word Search, and Understanding the Difference Between Vision Screenings and Vision Examinations.

"This is a 21st century problem," Nye said. "These kids are on the computer and video games so much they need to be taught visual hygiene, just as they learn personal hygiene. They need to learn to move away from the screen and to understand how the visual system interacts with computer displays."

Nye described the situation with many people. "They dump in eye drops, presuming it's dry eye. Actually the problem is ergonomics, not just dry eye."

Dr. Press said in a typical home adults may have adjusted the monitor properly, at about 15 degrees below eye level, but "when a kid uses that computer, it's not comfortable."

In traveling with Dr. Press, Nye said he was surprised to learn of the link between poor vision and children's behavior. "I'm a well-educated scientist, and I was completely unaware of this link. It needs to be documented and people made aware."

MOA celebrates 100th anniversary with AOA Low Vision University Program™

The Montana Optometric Association (MOA) recently celebrated its 100th anniversary as a professional organization in Helena. An excellent education program headed by Richard Newth, O.D. (Great Falls, MT); MOA President William J. Hasquet, O.D.; and MOA Executive Director Sue Weingartner featured distinguished speakers E. Robert Bertolli, O.D.; Robert Pannone, O.D.; AOA Trustee Ron Hopping, O.D., MPH; A. Paul Chous, O.D.; and Maynard Pohl, O.D.; and hosted the AOA LVRS Low Vision University™ program sponsored by Kemin Health.

Then-AOA LVRS Chair Tracy Williams, O.D., left, and Richard Newth, O.D.

This was the fourth Low Vision University™ educational program presented, with New Hampshire being the first stop of a 10-state program tour in 2007. AOA LVRS Council member, Mark Wilkinson, O.D., who presented with incoming Chair Bruce Rosenthal, O.D., in New Hampshire, heads Low Vision University™.

Then-AOA LVRS Chair Tracy Williams, O.D.,provided a two-hour introduction to low vision rehabilitation at the well-attended MOA event. Drs. Newth and Williams were classmates at ICO and both are devoted to advancing optometry as a leader providing low vision care to the growing numbers of people with vision loss. Low Vision University™ has up to six hours of COPE-approved low vision education, which allows optometrists to learn more about low vision rehabilitation as a "treatment modality" and the impact of neutraceuticals.

Dr. Hopping noted at the MOA celebration banquet, "Montana continues to be a leadership state for the AOA."

vision web℠

Streamline. Simplify. Succeed.™

Endless Summer

The More You Order, The More Chances You Have to WIN!

July 1 - September 30, 2007

Prizes will be given away all summer long, and will include beach gear, thousands of dollars in credit with your suppliers, and the grand prize...

Trip to TAHITI

Visit www.visionweb.com for more information, to view your weekly order goal, and check your entry status.

Manuia!

Advanced Medical Optics

Alcon

Allergan

Bausch & Lomb

CIBA Vision Corporation

CooperVision

Essilor of America

HOYA Vision Care

Liberty Sport

Luxottica Group

Marchon Eyewear

Optos

Signet Armorlite

TLC Vision Corporation

Transitions Optical

Vision Service Plan

VisionWeb

Vistakon, division of Johnson & Johnson Vision Care

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Optos

Optos plc is a leading and rapidly growing medical technology company for the design, development, manufacturing and marketing of devices that image the retina.

Optos' platform technology is the Panoramic200 Scanning Laser Ophthalmoscope device—known as the P200. In a quarter of a second, the P200 device produces a high-resolution image of up to 200 degrees or approximately 82 percent of the retina in a single capture. The image—branded the optomap® Retinal Exam—provides eye care practitioners with clinically useful information that facilitates the early detection of disorders and diseases evidenced in the retina, such as glaucoma, diabetic retinopathy and age-related macular degeneration.

The Optos P200 device is placed in a practice's pretest area and networked into the doctors' examination lanes. The patient's optomap image is then captured in the pretest area and reviewed with them interactively in the lane with the doctor. This adds tremendous value to doctor-patient communication and brings the eye exam to life. The optomap Retinal Exam contributes greatly to enhanced clinical capabilities and adds tremendously to the patient's eye care experience.

Additionally, Optos' offers optomap® plus Medical Retinal Exam, a procedure for medically necessary disease management and follow-up. The optomap plus allows practitioners to document that a specific capture and review process has been followed and provides advanced annotation tools, such as measurement and ISNT Ratio measurement tools, for objective assessment and identification. This evidence can then be used to support reimbursement claims as required.

Optos recently introduced the latest version of its proprietary operating software—V2® Vantage. It is now available to all new partners and is currently being rolled out to the Optos customer base. The new software offers many new, innovative clinical advancements that will be beneficial to both the practitioner and patient. The new features include: 3D Wrap™ Patient Orientation Tool, ResMax™ High Resolution Enhancement for Central Pole, Practice Performance Statistics, Targeted Ophthalmoscopy Mode, and more.

"The introduction of V2 Vantage delivers on a key promise within our customer partnership agreements to keep our customers on the leading edge of retinal imaging technology," said Thomas W. Butts, chief executive officer, Optos plc. "We expect V2 Vantage to be particularly helpful to our customers in secondary care who are performing the optomap plus Medical Retinal Exam."

To promote the successful integration of the optomap Retinal exam into practices, Optos provides its customers with a wealth of technical, educational and marketing resources, including on-site staff and physician training, best practice protocols, patient education materials and marketing outreach programs, as well as continued maintenance and customer support.

As of Sept. 30, 2006, Optos had 232 employees serving more than 2,500 customers in the company's existing markets, currently the United States, Canada, the United Kingdom and Germany. Optos plc is headquartered in Dunfermline, Scotland, and was admitted to the Main Market of the London Stock Exchange on Feb. 15, 2006, trading under the symbol OPTS. The company's North American headquarters is based in Marlborough, MA.

Esteemed ocular pharmacologist and textbook author, Siret Jaanus, Ph.D., announced her retirement at a reception hosted by Transitions Optical, Inc. during Optometry's Meeting™ in Boston. Transitions recognized Dr. Jaanus for her contributions to the industry and the advancement of healthy sight. Shown from left are Carole Bratteig, manager, education and training; Bette Zarat, vice president of Global Strategic Marketing for Transitions; Dr. Jaanus; and Denis Fisk, director of Global Education for Transitions.

Drug interaction info available on PDAs

Eye care professionals can now access Transitions Optical's medications database wherever they go.

Transitions announced its Ocular Side Effects Database tool, designed to raise awareness about the potential adverse ocular effects of medications, is available for download to a Personal Digital Assistant (PDA).

Downloadable from *www.transitions.com/medications*, the database provides easy access to information on medications that may pose a threat to healthy sight.

The database allows eye care professionals to quickly search for drugs by brand name to determine which medications may affect vision and gives details on how the quality and quantity of vision can be impacted by each drug.

"As the number of Americans taking prescription or over-the-counter medications continues to rise, it becomes increasingly important for eye care professionals to educate their patients on the possible ocular side effects – particularly since nearly 25 percent of patients don't tell their eye care professional what medications they're taking," said Carole Bratteig, manager, education and training, Transitions. "The downloadable version of the Ocular Side Effects Database will allow eye care professionals to quickly share these risks with patients, even when they don't have access to a computer."

The medications database complements the Transitions-sponsored clinical review paper, "Ocular Effects Associated with Medications," written by Siret D. Jaanus, Ph.D.

The paper provides eye care professionals with a reference guide of drugs and drug classes that may affect healthy sight.

To access the Ocular Side Effects Database or download it to a PDA, or to read the clinical review paper, visit *www.transitions.com/medications*.

CL Council launches new Web site

The Contact Lens Council (CLC) launched a new Web site to educate people of all ages and vision needs about the wealth of new innovations currently available and how to be informed contact lens wearers.

Although more than 35 million Americans have made the choice to see the world through contact lenses, many are still unclear about the most current information, the importance of proper lens care and the full-range of lifestyle benefits that contacts now offer, according to the CLC.

To that end, the CLC, a non-profit organization and resource on vision correction, introduced its comprehensive Web site, *www.mycontact lenses.org*.

"Consumers look to the Web for the latest news and advancements, along with more in-depth information on their specific needs, such as contact lenses, lens care and related care guidelines," said Edward Schilling, executive director of the CLC. "Through our new Web site, we hope to introduce the benefits of contact lenses to inexperienced consumers, aid in the journey for new and long-time users, as well as provide all consumers with useful information on safely wearing contact lenses and the importance of overall eye health."

Features of *www.my contactlenses.org* range from frequently asked questions to a complete overview of contact lenses currently available. The following are just a few of the little-known facts featured on the site:

Contact Lens History: Contact lenses have been used for more than a century. They once were made of glass and covered the entire front of the eye.

Contact Lens Care Section: Contact lens care has been simplified to combine the three essential steps – cleaning, rinsing and disinfecting – into just one bottle of solution.

What's New in Contact Lenses: Contact lenses are now being designed from "wavefront" laser beams that can make an exact topographical map of the front of the eye.

The CLC is a non-profit organization and educational resource on vision correction for consumers. Advisory members include the Contact Lens and Cornea Section of the AOA, Contact Lens Association of Ophthalmologists, and the Contact Lens Society of America.

Transitions releases kid-focused education

Just in time for the start of the new school year, Transitions Optical introduced new kids-focused educational tools and resources for ODs to use to communicate the importance of healthy sight to younger patients and their parents.

The Healthy Sight Counseling for Children course series includes a COPE-approved module for optometrists and an ABO-accredited component for opticians.

The seminars focus on the Healthy Sight Counseling model of eye care and illustrate how this model can serve as a foundation to address the unique vision care and vision wear needs of children.

A short Skills Workshop for Real Life course is available for children to receive a quick, practical overview while in an optometrist's office.

"Healthy vision is critical to a child's early educational, functional and social development—and a child's eyes are more susceptible to certain risk factors that affect long-term ocular health, including impact and UV protection," said Denis Fisk, global director of education, Transitions. "These courses will encourage eye care professionals to take that extra step when making product recommendations for children by focusing on the full range of factors impacting a child's healthy sight and by taking the time to educate parents on what is required to optimize healthy sight now and preserve it for the future."

Healthy Sight Counseling promotes customized vision correction, maintenance and preventative eye care, and increased professional and patient awareness of eye health through education.

Aspects of healthy sight, such as the need for UV and trauma protection and self and peer acceptance, are especially important for children.

The courses focus on providing both quality and quantity of vision and encourage optometrists to consider lens enhancements to address the individual needs of children.

The courses also highlight the importance of screening children for ocular disease and refractive error at an early age, stressing the need to consider various factors, such as systemic medications and their impact on healthy sight, when examining children.

For more information about the educational offerings, or to order a copy of the upcoming "Healthy Sight Counseling and Children" clinical review paper, contact a Transitions Optical Solutions Team representative or call (800) 848-1506.

Hot new frames keep kids cool at school

Shown is Barbie style 510 by REM Eyewear

Shown are Barbie styles 335 and 336 by REM Eyewear

Shown is Converse style Fresh by REM Eyewear

Shown is Converse style Ambush by REM Eyewear

MEETINGS

August

2007 OCULAR DISEASE UPDATE
Aug. 25-26, 2007
Florida Optometric Assn.
and AMO
The Peabody, Orlando, FL
Kellie@floridaeyes.org
800/399-2334
www.floridaeyes.org

Nova Southeastern University
College of Optometry
Glaucoma Update 2007
Aug. 26, 2007
NSU College of Optometry, Ft.
Lauderdale, Florida
Lorena Lizausaba
954/262-4224
oceaa@nsu.nova.edu
http://optometry.nova.edu/ce/glaucoma/index.html

AEA CRUISE SEMINAR – BALTIC HERITAGE
Aug. 30-Sept. 9, 2007
Star Princess
888/638-6009
aeacruises.aol.com

September

THE ART & SCIENCE OF OPTOMETRIC CARE—A BEHAVIORAL PERSPECTIVE, 2007
Sept. 6-10
Grand Rapids, Michigan. Presented by OEP CLINICAL CURRICULUM.
Contact: Theresa Krejci, 800/447-0370 or visit www.babousa.org

OPTOMETRIC EXTENSION PROGRAM
FOUNDATION 38TH ANNUAL COLORADO VISION TRAINING CONFERENCE
Sept. 7-9, 2007
YMCA of the Rockies, Estes Park, Colorado
George Hertneky, O.D.
970/842-5166
hertnekyg@mac.com.

FALL CONFERENCE
VERMONT OPTOMETRIC ASSOCIATION
Sept. 7-9, 2007
Stoweflake Resort and Conference Center, Stowe, Vermont
Lisa Martin Eriksson, O.D.
802/434-4866
Eriksson@gmavt.net

SOUTHERN COLLEGE OF OPTOMETRY
SCO ALUMNI HOMECOMING AND CONTINUING EDUCATION WEEKEND
Sept. 13-16, 2007
Memphis, Tennessee
Kristin Anderson, O.D.
901/722-3356 or
901/722-3234
ce@sco.edu
www.sco.edu

MAINE OPTOMETRIC ASSOCIATION
SEPTEMBER "FALL" CONFERENCE
Sept. 14-16, 2007, The Samoset Resort, Rockport, ME
Joann Gagne
207/626-9920
Moa.office@maineeyedoctors.com
www.maineeyedoctors.com

PSS 2007: FORUM ON OPTOMETRY
Sept. 14-16, 2007
Mystic Marriott, Groton, Connecticut
203/415-3087
education@psseyecare.com
www.psseyecare.com

MINNESOTA OPTOMETRIC ASSOCIATION FALL MEETING
Sept. 21-22, 2007
St. Cloud Civic Center, St. Cloud,
Jessica E. Miller
952/841-1122
Jessica@mneyedocs.org
www.minnesotaoptometrists.org

ILLINOIS OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
Sept. 27-30, 2007
Itasca, IL Charlene Marsh
800/933-7289 or
217/525-8012
ioabb@ioaweb.org
www.ioaweb.org

NSU COLLEGE OF OPTOMETRY AND THE FLORIDA OPTOMETRIC ASSOCIATION
2007 LEAGUES UNDER THE CE
Sept. 27-30, 2007
Atlantis Hotel and Casino, Paradise Island, Nassau, Bahamas
Lorena Lizausaba
954/262-4224
oceaa@nsu.nova.edu
http://optometry.nova.edu/ce/leagues/index.html

KOA FALL CONFERENCE
KENTUCKY OPTOMETRIC ASSOCIATION
Sept. 28-30, 2007
Radisson Hotel, Covington, Kentucky
sarah@kyeyes.org

VIRGINIA OPTOMETRIC ASSOCIATION
2007 FALL CONFERENCE
Sept. 29-30, 2007
Ritz-Carlson Hotel, Tysons Corner, VA
Bruce B. Keeney, Sr.
804/643-0309
voaeyedocs@aol.com
www.voaeyedocs.org

AEA CRUISE SEMINAR – Canada/New England
Sept. 29-Oct. 6, 2007
888/638-6009
aeacruises.aol.com
optometriccruiseseminars.com

NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL CORNEA AND ANTERIOR SEGMENT SOCIETY REGIONAL MEETING
Sept. 30, 2007
Holiday Inn-Plainview Long Island, Plainview, NY
Janet Swartz
978/470-3500 or 877-825-2020
FAX: 978/470-4520
nepc@comcast.net
www.neconferences.com

AEA CRUISE SEMINAR – MEDITERRANEAN COLLECTION
Sept. 29-Oct. 11, 2007
Royal Princess
888/638-6009
aeacruises.aol.com
optometriccruiseseminars.com

October

IOA FALL SEMINAR
INDIANA OPTOMETRIC ASSOCIATION
Oct. 3-4, 2007
Whittenberger Auditorium, Bloomington, Indiana
www.ioa.org

VISION EXPO WEST
Oct. 4-6, 2007
Las Vegas, NV
www.visionexpowest.com

EAST/WEST EYE CONFERENCE
Oct. 4-7, 2007
Cleveland, OH
www.eastwesteye.org

MISSOURI OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
Oct. 4-7, 2007
Ritz-Carlson, St. Louis, Missouri
Joyce Baker
573/635-6151
www.moeyecare.org

CHILDREN'S VISION AND LEARNING CONFERENCE
Wichita Airport Hilton, Wichita,
Oct. 5, 2007

KANSAS OPTOMETRIC ASSOCIATION
FALL EYECARE CONFERENCE
Oct. 5-7, 2007
Airport Hilton, Wichita, KS
info@kansasoptometric.org
www.kansasoptometric.org

FALL OPTOMETRIC EDUCATION CONFERENCE
GEORGIA OPTOMETRIC ASSOCIATION
Oct. 6-8, 2007
University of Georgia, Athens, Georgia
800/949-0060
www.goaeyes.com

NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL GLAUCOMA SOCIETY REGIONAL MEETING
Oct. 7, 2007
Desmond Hotel and Conference Center, Malvern, Pennsylvania
Janet Swartz
978/470-3500 or
877/825-2020
nepc@comcast.net
www.neconferences.com

39TH ANNUAL CONTACT LENS & PRIMARY CARE SYMPOSIUM
Lansing Center, Lansing, Michigan
Oct. 10-11, 2007

GREAT WESTERN COUNCIL OF OPTOMETRY
GWCO 2007 Congress
Oct. 11-14, 2007
Oregon Convention Center and DoubleTree Lloyd Center, Portland, Oregon
Martin L. Wangen, CAE
406/443-1160
FAX: 406/443-4614
mwangen@rmsmanagement.com
www.gwco.org

HUDSON VALLEY OPTOMETRIC SOCIETY FALL SEMINAR
HUDSON VALLEY OPTOMETRIC SOCIETY
Oct. 12, 2007
Hotel Thayer at West Point, NY
Dr. Daniel Lack
845/336-6124
dlack@hvc.rr.com

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS
PIONEERS IN OPTOMETRY REGIONAL CONFERENCE
Oct. 13-15, 2006
Renaissance Hotel, Tulsa, OK
www.pioneersinoptometry.com

NEBRASKA OPTOMETRIC ASSOCIATION FALL CONVENTION
Oct. 19-21, 2007
Holiday Inn, Kearney, NE
Kathi Schildt
402/474-7716
noa@assocoffice.net

NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL CORNEA AND ANTERIOR SEGMENT SOCIETY REGIONAL MEETING
Oct. 14, 2007
Holiday Inn, Marlborough, Massachusetts
Janet Swartz
978/470-3500 or
877/825-2020
nepc@comcast.net
www.neconferences.com

COVD 37TH ANNUAL MEETING
www.covd.org.
Renaissance Vinoy Resort and Golf Club, St. Petersburg, FL
Oct. 16 - Oct. 20, 2007
Jackie Cencer
888/268-3770
330/995-0718
jcencer@covd.org

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
INTERDISCIPLINARY MANAGEMENT OF THE DIABETES PATIENT
Oct. 20-21, 2007
Ft. Lauderdale, Florida
Lorena Lizausaba
954/262-4224
oceaa@nsu.nova.edu
http://optometry.nova.edu/ce/diabetes/index.html

AMERICAN ACADEMY OF OPTOMETRY
Oct. 24-27, 2007
Tampa, FL
www.aaopt.org

OPTOMETRY ASSOCIATION OF LOUISIANA
FALL GUMBO CE
Oct. 27, 2007
Holiday Inn Convention Center, Alexandria, Louisiana
Dr. Jim Sandefur
318/335-0675
FAX: 318/335-0677
optla@bellsouth.net
www.optla.org

November

ARKANSAS OPTOMETRIC ASSOCIATION ARKANSAS FALL MEETING
November 1-4, 2007 Rogers, AR
Vicki Farmer
501.661.7675
Fax: 501.372.0233
aropt@swbell.net
Vicki@arkansasoptometric.org

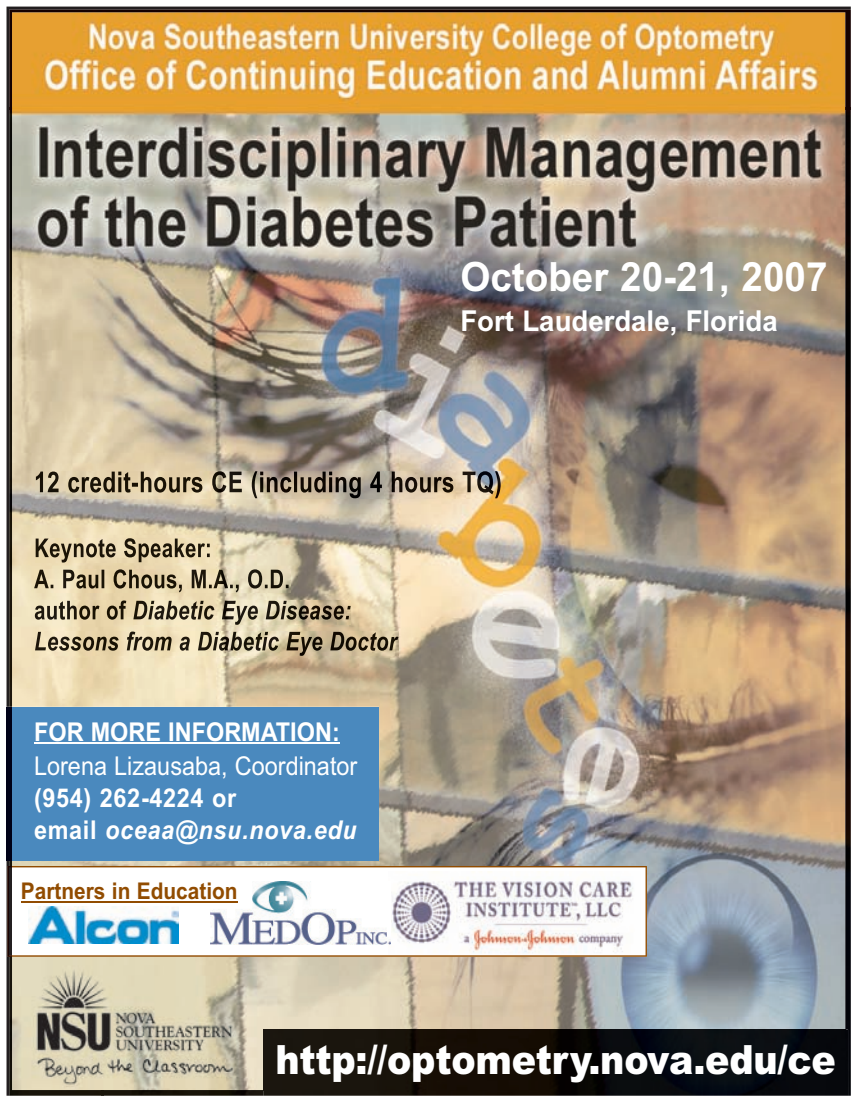
NEW ENGLAND PROFESSIONAL CONFERENCES
NATIONAL GLAUCOMA SOCIETY REGIONAL MEETING
Nov. 4, 2007
Highlander Hotel, Manchester, New Hampshire
Janet Swartz
978/470-3500 or 877/825-2020
FAX: 978/470-4520
nepc@comcast.net
www.neconferences.com

BRAIN VISION AND LEARNING CONFERENCE
UM-St. Louis College of Optometry
Nov. 7 and Dec. 5, 2007
314/516-5655
www.umsl.edu/~conted/bvLC

WEST VIRGINIA OPTOMETRIC ASSOCIATION
WVOA ANNUAL CONVENTION
November 8-11, 2007
Charleston Marriott Hotel, Charleston, West Virginia
Roger K. Price
304/345-4710
wvoa@wvoa.com
www.wvoa.com

CALIFORNIA OPTOMETRIC ASSOCIATION
MONTEREY SYMPOSIUM 2007
Nov. 16-18, 2007
Monterey Conference Center and Monterey Marriott in Monterey, CA
800/877-5738, ext. 228

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org



Florida Optometric Association

In Conjunction with Nova Southeastern University College of Optometry

Thank you to our sponsor!

AMO ADVANCED MEDICAL OPTICS

Date:
August 25-26, 2007

Location:
The Peabody
Orlando, Florida

"Ocular Disease Update 2007- Diagnosis, Treatment and Office Management From Complaint to Coding"

Cope (pending approval) Transcript Quality CE on Ocular Disease Including: "Proper Coding to Maximize Your Billing and Reimbursement"

12 Hours of Cope TQ

Special Rate for FOA Members: Register on-line and **save $20**

Speakers to include:
Michael DePaolis, OD FAAO, Ian Lane, OD FAAO, & J. James Thimons, OD FAAO

To register, go to www.floridaeyes.org or contact Kellie Webb, Education Coordinator at 1-800-399-2334 or email Kellie@floridaeyes.org

For hotel reservations, please call 1- 800-PEABODY
Cut off date for special room rate of $159 is July 30th

American Optometric Association
NEWS Online
www.aoanews.org

Eyeland of Enchantment

2007 EYELAND OF ENCHANTMENT OPTOMETRIC CONGRESS

PUERTO RICO
NOVEMBER 17TH – 19TH

ENJOY CONTINUING EDUCATION IN A TROPICAL PARADISE
IN OCCASION OF THE OPENING OF THE NEW OPTOMETRY BUILDING

OVER 17 CREDITS OF COPE APPROVED CONTINUING EDUCATION
INTER AMERICAN UNIVERSITY OF PUERTO RICO OPTOMETRY CAMPUS
500 JOHN WILL HARRIS AVENUE, BAYAMON, PUERTO RICO

PROGRAM SPEAKERS

Laurie Sorrenson: Keratoconus, Financial Management, Billing and Coding
Mark Myers and Andrew Gurwood: Pharmaceutical Update, Ocular Blunt Trauma, Periocular Malignancies
John Lahr and Paul Karpecki: Ocular Surface Disease, Grand Rounds
Ian Lane: Electronic Patient Record

Total Fee: $375.00

Includes Lunch (Saturday to Sunday) Cocktails and Entertainment (Saturday)

Accommodations:

Special rates available for attendants to the EYELAND OF ENCHANTMENT OPTOMETRIC CONGRESS at:

Condado Plaza Hotel and Casino: 1-(800)-866-8934 www.condadoplazahotel.com
San Miguel Plaza Hotel: (787)- 300- 4000 www.sanmiguelplazahotel.com

Free transportation provided from hotels to continuing education site
Additional information and registration at: www.optonet.inter.edu
(787) 765-1915

AEA Optometric Cruise Seminars 2008-2009

Earn Cope-approved Continuing Education credits while sailing on luxurious ships to your choice of destinations. Let our 10+ years of experience make your seminar and cruise experience educational, as well as enjoyable, for you, your family and friends.

Southern Caribbean Explorer, 2/16/08-2/23/08, *Crown Princess*®. San Juan, St. Thomas, St. Kitts, Granada, Bonaire (Netherland Antilles), Aruba, San Juan. Cruise fares from $899. ****President's Day****

Panama Canal, 2/25/08-3/6/08, *Coral Princess*®. Ft. Lauderdale, Aruba, Cartagena, Panama Canal, Costa Rica, Ocho Rios, Ft. Lauderdale. Cruise fares from $1499.

Greek Isles, 6/5/08-6/17/08, *Emerald Princess*®. Venice, Dubrovnik, Corfu, Katakolon, Athens, Mykonos, Kusadasi, Rhodes, Santorini, Naples/Capri, Rome(Civitavecchia). Cruise fares from $1245. **Speaker: Dr. Harue Marsden**

Alaska, 6/29/08-7/6/08, *Star Princess*®. Seattle, Ketchikan, Tracy Arm Fjord, Juneau, Skagway, Victoria, Seattle. Cruise fares from $1049. *****Follows the AOA Congress in Seattle 6/25-6/29/08*** ~July 4th!~ Speaker: Dr Louise Sclafani.**

British Isles, 7/1/08-7/13/08, *Grand Princess*®. London (Southampton), Guernsey, Cork, Dublin, Liverpool, Belfast, Glasgow, Inverness/Loch Ness, Edinburgh, Paris/Normandy, London (Southampton). Cruise fares from $1207. **Speaker: Dr. Robert Wooldridge.**

Holy Land, 11/4/08-11/16/08, *Pacific Princess*®. Rome (Civitavecchia), Sorrento/Capri, Alexandria, Port Said, Jerusalem, Galilee/Nazareth, Kusadasi, Patmos, Santorini, Athens. Cruise fares from $2890 (oceanview).

Eastern Caribbean, 1/25/09-2/1/09, *Crown Princess*®. Ft. Lauderdale, Princess Cays, St. Maarten, St. Thomas, Grand Turk, Ft. Lauderdale. Cruise fares from $659.

Classic Southern Caribbean, 2/15/09-2/22/09, *Caribbean Princess*®. San Juan, Barbados, St. Lucia, Antigua, Tortola, St. Thomas, San Juan. Cruise fares from $909. ****President's Day****

Fares are cruise only, per person, USD, based on double occupancy, capacity controlled and subject to availability. Government fees and taxes are additional.
© 2006 Princess Cruises. Ships of Bermudan Registry
© 2006 Silversea Cruises. Ship registry: Bahamas

AEA Cruises: Dr. Mark Rosanova, President
More than a travel agent, your colleague & innovative partner in Cruise Seminars since 1995.
Sponsored by the Illinois Optometric Association and Advanced Eyecare Associates
10-12 hours of COPE approved lectures per seminar
Visit us at www.optometriccruiseseminars.com, email aeacruises@aol.com or call us at 1-888-638-6009.

PRINCESS CRUISES
escape completely®

Great Western Council of Optometry

GWCO CONGRESS 2007

October 11–14, 2007

Portland, Oregon

Register on-line
www.gwco.org

e-mail questions
mwangen@rmsmanagement.com

phone 406.443.1160
fax 406.443.4614

Great Western Council of Optometry
36 S. Last Chance Gulch, Suite A, Helena, MT 59601

68 OD
credit hours offered;
24 credits attainable

28 Para/Optician
credit hours offered;
24 credits attainable

CPO and CPOA
exams offered

State Association
Leadership Training

Breakfast seminars
returning

One-day registration
fees available

The optometry meeting that gives back

MAYO CLINIC

Pediatric Optometrist

Rochester, Minnesota

The Department of Ophthalmology at Mayo Clinic in Rochester, Minnesota, is seeking an Optometrist with exceptional clinical skills in the areas of pediatric optometry and binocular vision to join the practice. The Department of Ophthalmology has 31 members who cover all subspecialty areas of ophthalmology and optometry and is nationally recognized for the excellence of its primary and subspecialty staff.

Candidates must have postdoctoral training in pediatric optometry and binocular vision. Candidates must have academic interest in clinical and/or laboratory research and would participate fully in clinical practice, education, and research.

Mayo Clinic is a non-profit, physician-led clinical practice integrated with education and research in a unified multi-campus system. Mayo Clinic in Rochester is a 1,650-physician integrated group practice with 100,000 patient visits annually in the Department of Ophthalmology. To learn more about Mayo Clinic and Rochester, visit **www.mayoclinic.org**.

Salary will be determined by experience. There is an attractive benefits package. Applicants should submit a CV and letter of interest to:

Jonathan M. Holmes, M.D.
Professor and Chair, Department of Ophthalmology
Mayo Clinic
200 First Street SW
Rochester, MN 55905

Mayo Foundation is an affirmative action and equal opportunity educator and employer. Post-offer/pre-employment drug screening is required.

Practice Loans

100% Financing For

- Practice Acquisition
- Refinancing to Fixed Rates
- Partnership Buy-ins
- Debt Consolidation
- Real Estate

Low Rates. Fast Approvals.
800-416-2055

www.transition-consultants.com
TRANSITION CONSULTANTS

Visit the AOA Web site at www.aoa.org

CONSULTING BLACKWELL

Are you buying or selling a practice?

Whether buying or selling, let Blackwell Consulting help facilitate a smooth transaction. We are accredited business appraisers and solution oriented advisors.

Value Enhancement Services
Appraisals
Practice Sales & Financing
Employment & Partnership Agreements

Call us today at 800.588.9636 to learn what we can do for you.

Marilee Blackwell, MBA, AIBA
mblackwell.com

American Optometric Association

NEWS

To Advertise Contact Your
Recruitment Sales Representative:

Keida Spurlock
telephone: 212.633.3986
fax: 212.633.3820
e-mail: k.spurlock@elsevier.com

Visit us online for rate information for this and other Elsevier health science titles
www.elsmediakits.com

CLASSIFIEDS

Professional Opportunities

ALL STATES – PRACTICES FOR SALE and 100% FINANCING plus working capital. Largest database of Sellers/Buyers. Confidentiality maintained. Buyers are prequalified. Seller receives free valuation, free internet advertising. Successful transition is guided by 30 yrs. of professional experience. Visit our website for current listings. Call ProMed Financial, Inc. 888/277-6633. www.promed-financial.com

BUYING or SELLING? A NEW VISION IN PRACTICE SALES. Practice Concepts specializes in practice sales for eyecare professionals. Led by Alissa Wald, O.D. and Scott Daniels, our nationwide team combines over 75 yrs experience in finance, management and hands on practice ownership. We're in practice to advance your practice™. For more information and current listings visit www.practiceconcepts.com or call 877-778-2020.

CLEARWATER AREA, FLORIDA - Modern office/optical with 3 exam lanes, diagnostic equipment, computerized and well established. Gross 380K on 4 1/2 days per week. Asking 250K. Come live near the beach. Please reply to email at opticalls@yahoo.com.

Colorado - Practice for Sale Exceptional private practice opportunity available in affluent Metro Denver, Colorado. Recently renovated with complete optical and onsite-finishing lab. Located in a busy retail area. Asking 70K. Motivated seller. Contact contact@coffeyowens.com or 303-316-0331.

EAST CENTRAL CONNECTICUT- Great independent practice opportunity. Appraised value $238,625.00. Contact Practice Broker: Richard S. Kattouf, O.D., D.O.S., #800-745-3937.

HAWAII - Optmetric practice for sale in Honolulu. Located near the busy Ala Moana Shopping Center. Great opportunity. Call L. Miyamoto, O.D. at 808 949-7098

MISSOURI – Eastern. Two practices – Total Fair Market Value $300,000.00. CONTACT PRACTICE BROKER, DR. RICHARD S. KATTOUF, O.D., D.O.S. 800/745-3937.

MONTANA - Second generation practice for sale. Situated on the Lower Yellowstone River. Excellent schools, community college, golf course, fishing, and hunting. Thriving solo practice with satellite. Contact Dr Ken Zuroff, Box 1369, Glendive, MT 59330. e-mail zuroffk@midrivers.com 406-377-6021

NE OHIO Private Practice for Sale – Very established Metro area 550K Gross. **WESTCHESTER** County **NEW YORK** – Dr. retiring 1.3M Gross. **FLORIDA** West coast 450K Gross - Relocation necessary. Practices available throughout the US. Contact Sandra Kennedy at National Practice Brokers (800) 201-3585.

New Mexico: Excellent practice for SALE in **Carlsbad, New Mexico Gross** = 620 k Contact: Dr. Reber Call (505) 392-8880

NORTH CENTRAL FLORIDA- Solo practice Fair Market Value: $289,000.00. CONTACT PRACTICE BROKER, DR. RICHARD S. KATTOUF, O.D., D.O.S., #800-745-3937.

Optician's Business South East Texas Appraised Value $420,555.00 Contact Practice Broker Dr. Richard S. Kattouf Phone # 800-745-3937 Email - advancedeyecare@hotmail.com

Optometrist - Connecticut HealthDrive has a great opportunity for a caring optometrist looking to work 4 or 5 days a week in the Fairfield County area. We offer excellent compensation, including Malpractice, Health, Life, Dental, 401k, CEU, mileage, LT & ST Disability, an established patient base and a family friendly flexible schedule. If interested, please call MARIA (toll free) at 877-724-4410 or fax your CV (toll free) to 866-657-5400 email: caring@healthdrive.com

Optometrist - New Jersey - HealthDrive has a great opportunity for a caring optometrist looking to work 4 days a week in the **Trenton/Mercerville** area. We offer excellent compensation, including Malpractice, Health, Life, Dental, 401k, CEU, mileage, LT & ST Disability, an established patient base and a family friendly flexible schedule. If interested, please call MARIA (toll free) at 877-724-4410 or fax your CV (toll free) to 866-657-5400 email: caring@healthdrive.com

Pharma Sales Established pharma/device co. seeks independent reps for territories throughout the U.S. Non-competing lines ok. Excellent commission and lead referrals. Trade show travel and expenses paid. Consult www.ocusoft.com Send resumes in confidence to: Mary Harris; email: mharris@ocusoft.com.

PRACTICES FOR SALE. Nationwide listings including: **AZ, CA, FL, GA, KY, ND** and **NY**. Plus many pocket listings. Practice Concepts 877-778-2020 or www.practiceconcepts.com.

Private **Northampton, MA** optometry practice in beautiful 5 college area seeks Associate Optometrist. Initially 3 days/week, grow with our practice! Current instrumentation, 3 lanes, 3 licensed opticians, pleasant staff and work environment. Contact Mary 413.584.6616.

Southeastern New York Great independent practice opportunity Appraised value $181,580.00 Contact practice Broker: Dr. Richard S. Kattouf 1-800-745-3937 e-mail: *advancedeyecare@hotmail.com*

Southwest **Illinois** - Optometric Practice Fair Market Value $183,000.00. CONTACT PRACTICE BROKER: RICHARD S. KATTOUF, O.D., D.O.S. 800-745-3937.

VIRGINIA- Beautiful Shenandoah Valley. FT/PT optometrist needed for a fast growing, upscale, primary eye care practice. New, state-of-the-art equipment and facility. Employee and partnership opportunities. www.marrowfamilyeyecare.com or 540.442.7742.

Washington State – Central Successful, well established practice with state of the art instruments and professional building for sale. Located in growing area with diverse economy including high tech companies. Many recreational opportunities. Email: eyecare_2020@hotmail.com

Miscellaneous

AMAZING - FINANCING -100% - Acquisition, Debt Consolidation, Equipment, Real Estate, Working Capital. Fast Approvals, Low Rates, Terms~15 Years. ProMed Financial, Inc.~ 888-277-6633 or email info@promed-financial.com

ATTENTION MEDICALLY ORIENTED OPTOMETRISTS Keep your surgical patients in your practice! Outstanding ophthalmic surgeon (cataract, SLT, Yag, Lasik) available to work from within your office. Surgeon based in Midwest though licensed in a few states and will travel. Optometrists' references with this arrangement is available. E-mail eyemd5@yahoo.com

DO YOU WANT MORE VISION THERAPY PATIENTS? Are you tired of seeing patients walk out the door without getting the care that they need? Why wait until another patient says "If insurance doesn't cover it…?" Call today and find out how to ensure patients follow through with vision therapy regardless of insurance coverage Expansion Consultants, Inc.: Specialists in consulting VT practices since 1988. Call toll free 877/248-3823, ask for Toni Bristol.

I NEED FRAMES, temples, bridges stamped 1/10th 12kG.F. (gold filled). New, old stock, or Used. Full, Semi, or Rimless styles. Contact GF Specialties, Ltd. 800/351-6926.

Want to **maximize your profits** by adding VT to your practice? OEP Clinical Curriculum Courses are the answer. Call 800 447 0370.

Wanted: **ISELL DIVERSATRONICS** Refracting desk with **AUTOSWITCH WELLS** Model OM.3004 Fiberglass Top with Laminate base doors and drawers. Also want matching sink cabinet model OM-309Z2 Contact: Paul Suscavage 215-368-4660

Equipment for Sale

Monocular Indirect substitue Led handle, uses (3 aaa batteries) plus **free** 15 dioptor BIO lens $139.95 plus $7.95 shipping. Supply limited, satisfaction guaranteed. Call Dr. Dunn 806-745-2222

MONOCULAR INDIRECT OPHTHALMOSCOPE light source. This LED light is brighter and more brilliant then the original light source by far! It is powered by 3 AA batteries. My supplies are not limited. Cost $100 plus $6.95 for shipping. Call 503 292 5221.

Palm Desert, CA: Optical (complete) with display units & risers, reception desk, dispensing tables. Equip that 2nd office inexpensively call Karen @ 760-578-5034

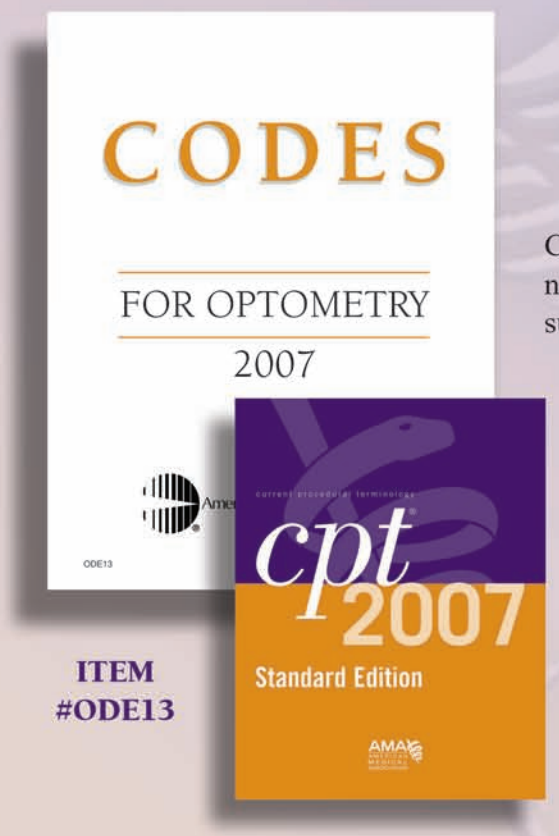
Classified Advertising Information

Effective the October 9, 2006 issue onwards, Classified advertising rates are are as follows: 1 column inch = $50 (40 words maximum) 2 column inches - $100 (80 words maximum) 3 column inches = $150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com or by fax at 212.633.3820 attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock - Elsevier ad sales contact - at 212.633.3986 for advertising rates for all classifieds and showcase ads.

NOW Available

Codes for Optometry and the CPT Standard Edition two book set



ITEM #ODE13

"The" Coding Tools For Your Optometric Practice

Updated with 100's of code changes

Codes For Optometry 2007 is an extensive listing of the codes that you need to make sure that your Medicare and third-party insurance claims are submitted properly. It is an invaluable aid for you and your staff in identifying diagnosis, procedure, material codes and speeding up administrative procedures. This perfect bound book is divided into four sections with both alphabetical and numeric listings for easy use.

- Procedural Codes. Physician's Current Procedural Terminology – (CPT 2007)
- Diagnosis Codes. International Classifications of Disease – 9th Edition Clinical Modification (ICD-9-CM)
- Material Codes. Health Care Financing Administration's Health Care Procedural Coding System (HCPCS)
- Medicare's National Correct Coding Initiative (CCI) Edits

Codes For Optometry also includes both the 1995 and 1997 Documentation Guidelines For Evaluation and Management Services.

CPT® 2007 Standard A.M.A. a $62.95 value

Easy to use, easy to read. The 2007 edition of the AMA's Current Procedural Terminology (CPT®) official coding reference contains all CPT codes, modifiers and guidelines for 2006. Our perfect bound book is the only one in the market with official CPT coding rules and guidelines developed by the CPT Editorial Panel and used to define items that are necessary to appropriately interpret and report medical procedures and services.

The Standard Edition features an efficient two-column format and an extensive index to help locate codes by procedure service, organ, condition, eponym and synonym, and abbreviations.

Order both books, item #ODE13: Special Member Price $108.00*
Non-Member Price $135.00*

*All shipping and handling, and applicable sales tax will be added.

4 WAYS TO ORDER

Mail this completed order form to: American Optometric Association
Attn: Order Department, 243 N. Lindbergh Blvd, St. Louis, MO 63141-7881
Telephone toll-free (800) 262-2210
FAX the completed form to: (314) 991-4101
E-mail your order to Orders@AOA.org

AOA Member Number

_____

❒ Please send AOA membership information

Name _____ SHIP TO (if different)

Name _____ Dr's. Name _____

Title _____ Corp. Name _____

Address _____ Address _____

City/State/Zip _____ City/State/Zip _____

Telephone (_____) FAX (_____)

E-mail or Web site: _____

ITEM	QTY.	TOTAL PRICE
	SUBTOTAL	
	STATE SALES TAX	
	TOTAL	

CREDIT ORDERS
❒ Bill me
❒ Bill my company

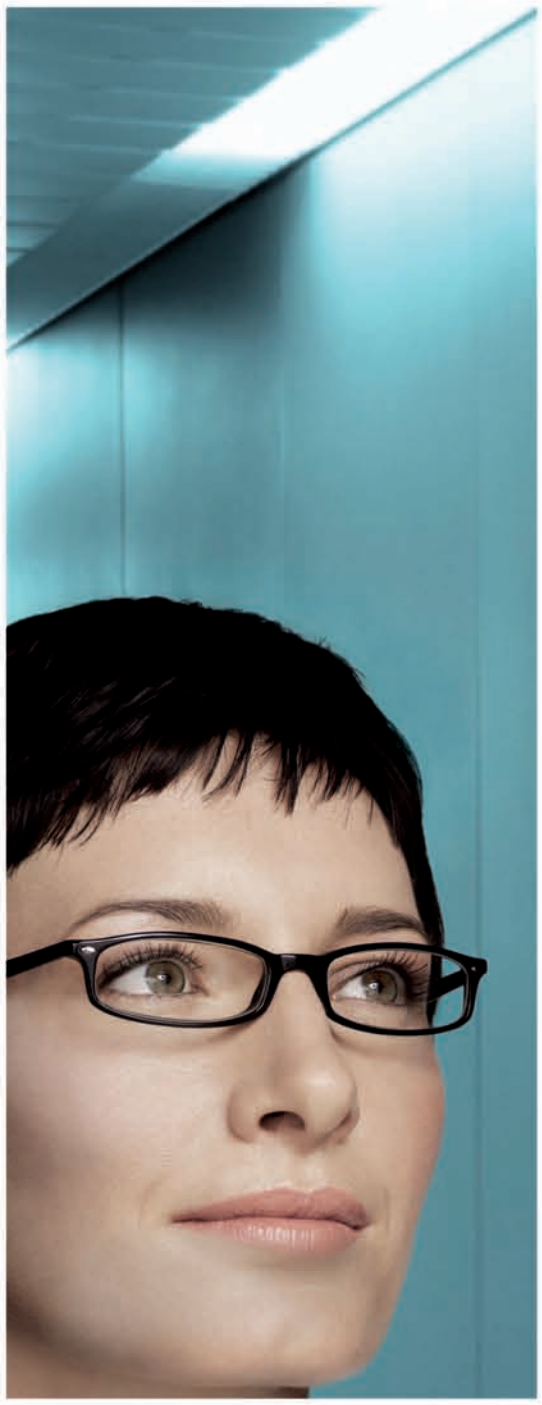
CHARGE TO
❒ MasterCard ❒ American Express ❒ VISA

Name on Card _____

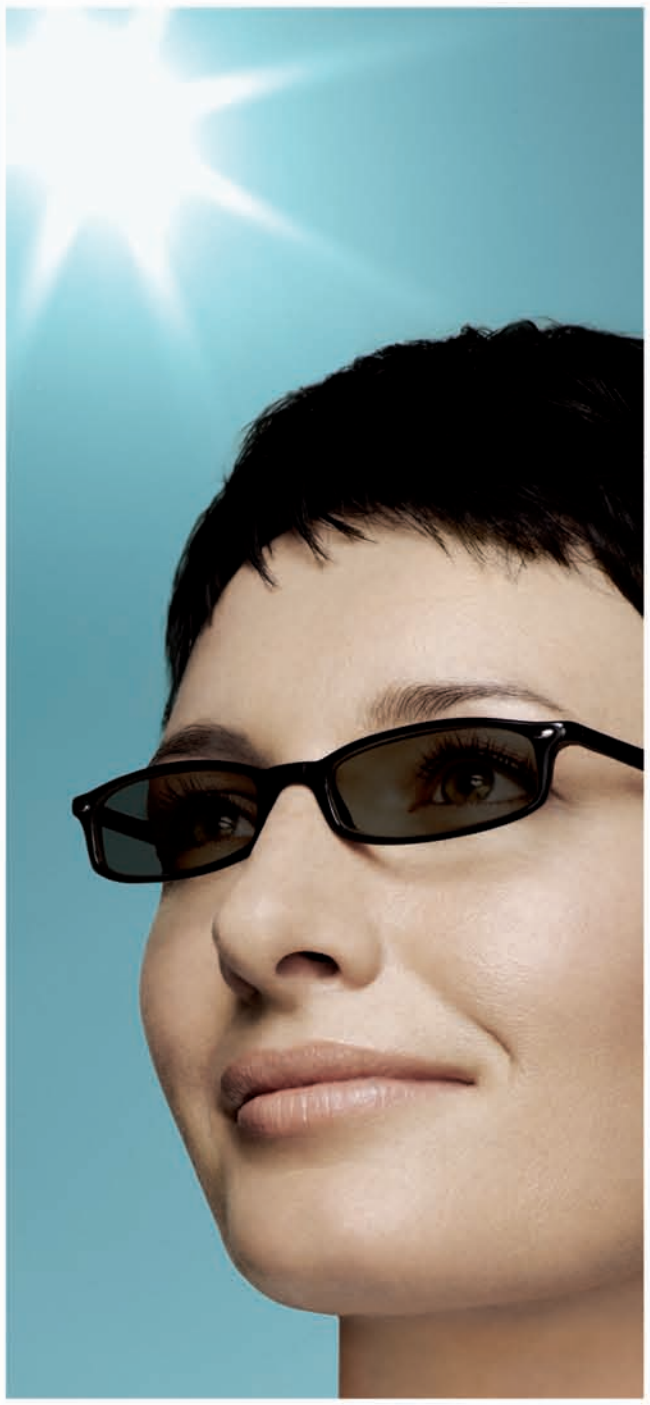
Card # _____ Exp. date _____

All shipping, handling, and applicable sales tax will be added.

NO RETURNS ACCEPTED AFTER 30 DAYS



If all you see are lenses, why not take another look?



Transitions can help you take better care of both your patients and your business.

Producing the world's leading photochromic lenses is an important part of what we do. But that's not all there is to Transitions Optical. We can actually help you promote and provide better vision care. The Transitions® Partners in Education™ program offers product and clinical education along with counseling to help you better examine your patients and recommend eyewear that promotes long-term eye health. The Transitions® Healthy Sight for Life Fund helps eye health-related causes around the world, while our outreach and educational programs offer tools for teaching eye health in schools. And our consumer advertising and public relations programs help bring more patients to you while raising awareness of our shared concern about sun damage. These are just a few of the ways we can help. If you'd like to see more, contact us. 1.800.848.1506 transitions.com

ACCEPTED American Optometric Association Committee on Ophthalmic Standards

Lenses meet AOA specifications for blockage of UVA and UVB rays.

#1 recommended

Transitions®

Healthy sight in every light™